

APPENDIX 1

DRIVER AND VEHICLE FUEL CARD AUTHORIZATION FORM

This form is to be completed and signed by personnel within your agency who are authorized to order Driver and Vehicle cards for the Statewide Fuel Management Program. This form must be on file with Commercial Fuel Systems before any cards can be issued. If more than one person in your agency is authorized to order cards, please submit a form for each individual in the agency that is authorized to order cards. Faxed copies will not be accepted. The original document should be mailed to Commercial Fuel Systems at the address noted below.

Customer ID: _____

The Customer ID appears on the upper right hand side of the Fleet Summary. It is a 3-5 Digit Alpha Character.

**Please enter the following information as it appears on your Fleet Summary:
This is the address where fuel management cards will be mailed to.**

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Printed Name of Person authorized to order Cards: _____

Signature of Person authorized to order Cards: _____ Date: _____

E-Mail Address: _____ Fax: _____

Telephone Number: _____

Supervisor Name

Printed Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail Address: _____ Fax : _____

Telephone Number: _____

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